**KERN COMMUNITY COLLEGE DISTRICT**

**CAMP FORMS CHECKLIST**

**Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Form Checklist:**

|  |  |
| --- | --- |
|  |  **Waiver of Liability, Assumption of Risk and Indemnity Agreement** |
|  |  |
|  |  **Authorization for Third Party to Consent to Treatment of Minor Lacking** |
|  |  **Capacity to Consent** |
|  |  |
|  |  **Media Release**  |
|  |  |
|  |  **Behavior Agreement** |
|  |  |  | **Student Code of Conduct** |
|  |  |
|  |  **Authorized Student Pick-Up List** |
|  |  |
|  |  **Accommodations** |

**KERN COMMUNITY COLLEGE DISTRICT WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

**Waiver:** In consideration of being permitted to participate in any manner in the activity at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College that I have enrolled my child in, as listed on the Registration Form; hereinafter called ”The Activity”, I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive discharge and covenant not to sue** (\_\_\_\_\_\_\_\_\_\_ College) and The Kern Community College District, and Its officers, employees and agents from liability **from any and all claims including the negligence of (\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College) and the Kern Community College District, and Its officers, employees and agents**, resulting in personal injury, accidents or illness (including death) and property loss arising from, but not limited to, participation in The Activity.

**Assumption of Risks:** Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risk varies from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks and concussions to 3) catastrophic injuries including paralysis and death.

**Transportation Wavier:** I understand that by signing below, I agree to allow Kern Community College District (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College) or its authorized agents to transport my child to/from the program area and planned activities. I agree to release Kern Community College District and its authorized agents and employees, from and against any and all liability, loss, damage, claim or action to the fullest extent permissible by law, arising from such transportation.

I understand, and appreciate these and other risks that are inherent in The Activity. I hereby atest that my participation is voluntary and that I knowingly assume all risk.

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD HARMLESS Kern Community College District (\_\_\_\_\_\_\_\_\_\_\_\_\_ College) from any and all claims, actions, suits, proceedings, costs, expenses, damages and liabilities, including attorney’s fees, brought as a result of my involvement and the participation of my minor child in The Activity and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgement of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement. I fully understand its terms, acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZATION FOR THIRD PARTY TO CONSENT TO**

**TREATMENT OF MINOR LACKING CAPACITY TO CONSENT**

(We) (I), the undersigned, parent(s)/person having legal custody/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor, do hereby authorize Kern Community College District (\_\_\_\_\_\_\_\_\_\_\_\_ College) as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

This includes authorization to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered to the minor by or under the supervision of a dentist licensed under the provisions of the Dental Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority to power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a physician,, meeting the requirements of this authorization, may, in the exercise of his/her best judgement, deem advisable.

This authorization is given pursuant to Section 6910 of the Family Code of California.

(We) (I), hereby authorize any hospital which has provided treatment to the above-named minor pursuant to Section 6910 of the Family Code of California to surrender physical custody of such minor to (our) (my) above named agent(s) upon the completion of treatment. The authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

This authorization will remain effective while the above minor is en-route to or from or involved or participating in any Kern Community College District (\_\_\_\_\_\_\_\_\_\_\_\_\_ College) program or activity unless revoked in writing by the undersigned, and delivered to the aforesaid agent(s).

Name of Parent/Guardian Having Legal Custody:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number of Parent Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If signed by other than parent/guardian, indicate relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTINUED ON NEXT PAGE**

**If permission for emergency medical treatment is not given, please prepare a signed statement providing a reason, a release of liability, and alternate instructions. Please attach the signed statement to this form.**

**HEALTHCARE PROVIDER AND INSURANCE INFORMATION**

Physician’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Affiliation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy/Group #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Contact Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies and Medications**

Known Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Attach a photocopy of your health insurance card.

**THIS FORM MUST BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND RETURNED TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COLLEGE BEFORE YOUR CHILD STARTS THE PROGRAM**

**MEDIA RELEASE FORM**

Please Print Clearly

Name of Participating Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_\_\_

City/town/zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TO BE COMPLETED BY PARENT OR GUARDIAN:

I hereby consent to and authorize the use and reproduction of any and all photographs, video and voice footage in any medium that will be taken of me and/or my children at \_\_\_\_\_\_\_\_\_\_\_\_\_ College. The photographs, video and voice footage taken by our staff or authorized by Kern Community College District (\_\_\_\_\_\_\_\_\_\_\_\_ College), may also be used by the Kern Community College District (\_\_\_\_\_\_\_\_\_\_\_\_ College) for any purpose the district deems appropriate, such as brochures, annual reports, displays, fund raising appeals and also used by anyone who is authorized by Kern Community College District (\_\_\_\_\_\_\_\_\_\_\_\_ College), without compensation to me. My name can also be used with images, video and voice footage. This consent cannot be revoked. All digital files, prints and video footage are the sole property of Kern Community College District (\_\_\_\_\_\_\_\_\_\_\_\_ College). Photographs taken by individuals or organizations authorized by Kern Community College District (\_\_\_\_\_\_\_\_\_\_\_\_\_ College) are the sole property of those individuals or organizations unless gifted to Kern Community College District or its affiliates.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Parent or Guardian Date

PLEASE FILL OUT THIS FORM CLEARLY AND COMPLETELY

**BEHAVIOR AGREEMENT**

**SAFETY**

* Students must wear their Camp ID badge at all times while at camp.
* Students are to stay in the areas designated by program staff where they can be seen at all times.
* Students are **NOT ALLOWED** to leave campus for breaks or lunch.
* Skateboards, scooters, rollerblades, heelys or skates are **NOT ALLOWED** on campus.
* Students must not run on campus, play in undesignated area, or play on the hillside surrounding the facilities.
* No horseplay will be allowed.
* No cell phone use during class or instruction time.

**RESPECT TOWARDS OTHERS**

* Stop, think and resolve problems with others. It is much better to gain a friend than to create an enemy.
* It is OK to make people laugh, at the right time without hurting others feelings.
* No Bullying.
* Respect others’ abilities, differences, feelings and beliefs.
* Respect your instructors desire to teach and your fellow students desire to learn by refraining from classroom disruptions such as talking and passing notes.

**RESPECT YOURSELF**

* Use appropriate language; No swearing or offensive slang.

**PERSONAL PROPERTY**

* We strongly discourage bringing any item of value to the PLTW camp. This would include cash, video games, IPod’s, or any other portable electronics from home. If these items are brought on campus, students will be fully responsible for them. If they are used in class, they will confiscated until the end of the day.
* CELL PHONES will be allowed and students will be completely responsible for them. Kern Community College District (\_\_\_\_\_\_\_\_\_\_\_ College) has no financial responsibility for any lost, stolen or damaged cell phones. There will be NO use of cell phones during class or instructional time.

**ADHERANCE TO KERN COMMUNITY COLLEGE DISTRICT STUDENT CODE OF CONDUCT**

* All students must adhere to Kern Community College District (\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College) Student Code of Conduct.

**BEHAVIOR MANAGEMENT**

Stage1: Verbal reprimand from staff or mentor

Stage 2: Conversation with camp director addressing behavior issue and developing a strategy to fix it.

Stage 3: Student is removed from class to discuss issue with camp administrator.

Stage 4: Parents are called and student is dismissed from camp.

**IMMEDIATE DISMISSAL**

Drastic behavior issues will be grounds for an immediate “stage 4” dismissal. Any behavior that places the student or others in danger will be grounds for “stage 4” dismissal. This would include drugs, tobacco, alcohol, weapons and fighting. Possession and or consumption of these items is FORBIDDEN and will result in an immediate removal from the program.

Violence is not tolerated and any physically aggressive act or intimidation will result in immediate removal from the program.

I have read and understand the Behavior Agreement guidelines and the Student Code of Conduct. I agree to conduct myself with respect, honesty and integrity by following the rules of my school and those of Kern Community College District (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College).

**Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I have read and reviewed the Behavior Agreement guidelines and the Student Code of Conduct with my child and I understand the stages of behavior management for the camp.

**Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AUTHORIZED STUDENT PICK-UP LIST**

This form must be completed and signed by a parent/Guardian and returned to \_\_\_\_\_\_\_\_\_\_\_\_\_ College ***Before*** your child starts the camp.

I give the following people permission to pick-up my child, at \_\_\_\_\_\_\_\_\_\_\_ College:

Name of Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List up to 3 other persons (other than parent/guardian) that are authorized to pick up the child or should be contacted in case of an emergency pickup:

1. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: Your child will only be released to the persons you listed above unless otherwise given notice to the camp coordinator. Anyone picking up a camper may be required to provide a photo ID for Identification purposes.**

Parent/ Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

A separate form is needed for each participant/camper.

**ACCOMMODATIONS**

It is the policy of the Kern Community College District (KCCD) that no individual requesting services from the district will be discriminated against or excluded on the basis of disability, medical condition, perceived disability, or perceived medical condition. Any individual requesting services from KCCD may request a reasonable accommodation that will allow them to participate in the requested KCCD program. In order to find out what accommodations may be necessary so that your camper may participate in this program we are requesting that you provide us with the following information. Once we have received and reviewed the information we will contact you regarding our ability to accommodate the disability or the medical condition of your camper. Please do not provide us with any specific medical information regarding your camper’s condition.

1. Does your camper have a disability or medical condition that requires accommodation in order for your camper to participate in our program? Please circle yes or no below. (DO NOT provide us with any medical information)

YES or NO

1. What limitations has your camper’s healthcare provider identified with regard to your camper’s participation in our program? For example, is your camper unable to move from one place to another without assistance of a walker or wheelchair or similar device?
2. What reasonable accommodations would you suggest so that your camper will be able to participate in our program?
3. Is there any other information that we should know regarding your camper’s participation?

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_